

BUILDING BUREAU PLAN REVIEW APPLICATION



Division of Building Safety
1090 East Watertower Street Ste. 120
Meridian, ID 83642
Phone: 208.334.3896 / Fax: 208.855.9399

Building Bureau Use Only

P.A.#: _____

Initial Plan Review Fee: \$ _____

Date Received: _____

Receipt #: _____

Applicable codes:

2006 IBC; IECC; and IRC parts I through IV, 2006 IRC parts V & VI, 2006 IMC; 2006 IFGC, 2008 NEC; 2003 UPC

1. Application must include plans, specifications, structural calculations, energy code compliance reports and other pertinent documents. See page two (2) for details on the document quantity and format requirements. All submittal documents must be prepared by an Idaho licensed architect or engineer and include appropriate documentation, stamps and signatures. Include payment of the plan review fee unless other arrangements have been approved by DBS. See the fee schedule on page two (2).
2. Project Owner: _____ Phone: _____
(School District, State Agency or Others)
3. Project Location: _____
(Address, Building Name)
4. Budgeted Project Valuation: \$ _____
5. Architect or Engineer: _____ Phone: _____
Email: _____ Fax: _____
6. Project Description: _____

7. This project includes (check all that apply ☒):
Building construction ☐ - Plumbing ☐ - Electrical ☐ - HVAC ☐ - Elevator/Lift ☐ - Boiler ☐
8. Building Uses: New _____
Existing _____
9. Type of Construction: New - I-A ☐ - I-B ☐ - II-A ☐ - II-B ☐ - III-A ☐ - III-B ☐ - IV ☐ - V-A ☐ - V-B ☐
Existing: - I-A ☐ - I-B ☐ - II-A ☐ - II-B ☐ - III-A ☐ - III-B ☐ - IV ☐ - V-A ☐ - V-B ☐ (check all that apply ☒)
10. Fire walls (Areas Separation Walls): New - YES ☐, NO ☐ Existing - YES ☐, NO ☐
11. Number of Stories: New _____ Existing _____ Basement YES ☐, NO ☐ if yes Area _____ s.f.
12. Building Area: New _____ s.f. - Existing _____ s.f. (exclude basement area)
13. Fire Sprinkler System Throughout: New - YES ☐, NO ☐, Existing - YES ☐, NO ☐
14. The fire sprinkler system is for: fire flow reduction ☐ - allowable area increase ☐ - allowable story increase ☐
1 hr fire rated construction substitution ☐ - Other _____
15. Agency Requesting Plan Review: _____
16. Local Government, name of city (or county if out of city) the site is located in: _____
17. Applicant's Name: _____ Date: _____ Phone: _____
(Printed)

Signature



Plan document quantity and format requirements

Public school projects submitted to DBS for plan review need to include the following:

1. One (1) copy of the plans, full size and one of the following:
 - a. One (1) copy of the plans on a CD ROM in PDF format* **or**
 - b. Two (2) copies of the plans on paper at ½ size **or**
 - c. Two (2) copies of the plans on paper at full size
2. The specifications in one of the following formats:
 - a. One (1) copy of the specification on CD ROM in PDF format **or**
 - b. Three (3) copies of the specifications on paper
3. One (1) copy of the structural calculations on CD ROM in PDF format or on paper
4. One (1) copy of the energy code compliance reports, soils reports or other documents not included in the above on CD ROM in PDF format or on paper

All other projects submitted to DBS for plan review need to include the following:

1. Two (2) copies of the plans, full size and one of the following:
 - a. One (1) copy of the plans on a CD ROM in PDF format* **or**
 - b. Three (3) copies of the plans on paper at ½ size **or**
 - c. Three (3) copies of the plans on paper at full size
2. Two (2) copies of the specifications on paper and one of the following:
 - a. One (1) copy of the specification on CD ROM in PDF format **or**
 - b. Three (3) copies of the specifications on paper
3. One (1) copy of the structural calculations on CD ROM in PDF format or on paper
4. One (1) copy of the energy code compliance reports, soils reports or other documents not included in the above on CD ROM in PDF format **or** if on paper, five (5) copies

FTP (File Transfer Protocol) In place of the CD ROM listed above, the documents can be sent to us by FTP. See http://dbs.idaho.gov/BUILDING/plans_ftp.html for instructions.

***It is the preference of DBS to receive the CD ROM version of the documents in the choices given. Please use file names that correspond to the contents such as the sheet number. The required paper document will be returned to the applicant upon approval.**

Plan Review Fee Schedule

Total Valuation	Plan Review Fee
\$1 to \$500	\$15.28
Over \$500 to \$2,000	\$15.28 for the first \$500 plus \$1.98 for each additional \$100, or fraction thereof
Over \$2,000 to \$25,000	\$45.01 for the first \$2,000 plus \$9.10 for each additional \$1,000, or fraction thereof
Over \$25,000 to \$50,000	\$254.31 for the first \$25,000 plus \$6.57 for each additional \$1,000, or fraction thereof
Over \$50,000 to \$100,000	\$418.44 for the first \$50,000 plus \$4.55 for each additional \$1,000, or fraction thereof
Over \$100,000 to \$500,000	\$645.94 for the first \$100,000 plus \$3.64 for each additional \$1,000, or fraction thereof
Over \$500,000 to \$1,000,000	\$2101.94 for the first \$500,000 plus \$3.0875 for each additional \$1,000, or fraction thereof
Over \$1,000,000	\$3645.69 for the first \$1,000,000 plus \$2.3725 for each additional \$1,000, or fraction thereof
Additional plan review	\$ 36 per hour

This second page is for instruction only and does not need to be submitted with the documents.